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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Somalia

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Somalia with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $5,000,000 from general resources, subject to the availability of funds, and $35,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 1998.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	4.5
U5MR (per 1,000 live births)	211
IMR (per 1,000 live births)	125
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1990)	1,600
Literacy (% male/female) (1990)	36/14
Primary school enrolment (% net, male/female) (1985)	11/6
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1988)	37
Access to health services (%) (1983)	27
GNP per capita	a/

One-year-olds fully immunized against (1995):

tuberculosis:	48 per cent
diphtheria/pertussis/tetanus:	23 per cent
measles:	35 per cent
poliomyelitis:	23 per cent

Pregnant women immunized against:

tetanus:	.. per cent

a/ Estimated to be low-income ($725 or less).

THE SITUATION OF CHILDREN AND WOMEN

1. Despite the international investment of billions of dollars in the peace-making effort, the children and women of Somalia continue to live in an environment of poverty and violence. Since the civil war, Somalia has been highly fragmented along clan and sub-clan lines, chronically afflicted with localized crises of governance and lawlessness. Children's basic rights to health, education and harmonious development are essentially denied.

2. Although the lack of security and infrastructure has prevented the collection of reliable nationwide statistics, it is clear from current estimates that infant, child and maternal mortality rates are among the highest in the world. Prior to the recent civil war, access to and the quality of basic social services in Somalia were generally poor and the civil war destroyed what services there had been. During the past four years, however, international agencies, including UNICEF, have established health, nutrition, water supply and educational services. In Mogadishu, for example, the level of immunization against measles was raised to over 75 per cent by the end of 1995; and the case fatality rate from cholera, which is annually epidemic, has been halved from 1994 to 1995. More primary school teachers received training in 1995 than in

1990, the year prior to the civil war. Yet, with the continuing widespread, uncontrolled lawlessness and banditry, these gains remain fragile and continue to require external support and maintenance. The civil war led not only to the demise of the former Government and its limited social service structures, but also seriously weakened the traditional clan-based social structures so important to the socio-economic security of individuals and families.

3. Anaemia, diarrhoea, respiratory infections and malaria are the leading causes of child morbidity and mortality. In women's health, poor maternal and post-natal care and the almost total lack of referral care, compounded by the almost universal practice of female genital mutilation, result in an extremely high maternal mortality rate of 1,600 per 100,000 live births.

4. The lack of access to safe water for most families contributes to a high incidence of diarrhoeal diseases. In addition, access to safe water will be essential to prevent cholera, which is an annual emergency that claims hundreds of lives, particularly in the densely populated areas. Transporting water for the family costs girls and women much time and energy.

5. The collapse of the education system has left at least 90 per cent of children without access to basic education for the past five years. Koranic schools survived the war, and are generally attended by children from four to six years of age. However, access to primary schooling is very low, and the drop-out rate is much higher for girls than boys.

PROGRAMME COOPERATION, 1994-1996

6. Because the situation in Somalia in 1994 did not allow for the development of a long-term country programme, there was a two-year "bridging" programme covering 1994-1995, followed by a one-year "bridging" programme for 1996.

7. In the health sector, UNICEF has provided substantial support for the operation of 134 maternal and child health (MCH) centres, 81 out-patient departments, 478 health posts and 21 hospitals. During 1995 and early 1996, more than 250,000 children were vaccinated against measles. In the North-East Zone, a 1995 survey on female genital mutilation revealed that virtually all girls endure this practice, and provided valuable information as to those involved in perpetuating the practice.

8. Vitamin A supplementation was relatively widespread, carried out through all health units and feeding centres, and through the immunization programme. UNICEF assisted in nutritional monitoring assessments out in all zones. Through supplementary feeding centres, UNICEF distributed 1,456 ton of "Super UNIMIX", and substantial quantities of milk, sugar and high-energy biscuits during 1995. UNICEF-run feeding centres provided a daily meal to a monthly average of 15,800 undernourished children and pregnant and lactating women. In late 1995, the nutrition programme was reviewed, resulting in clearer guidelines as to when a given feeding centre could be phased in or out.

9. Most of the water systems, pumps and other equipment in Somalia were destroyed, severely damaged or looted during the civil war. In 1995/1996, UNICEF rehabilitated or constructed 111 sources of safe water and trained

1,153 village water and environmental sanitation (WES) committee members to maintain the sources. A total of 263 latrines were constructed and appropriate sanitation equipment provided. UNICEF responds rapidly to the annual cholera epidemics by supporting a nationwide campaign of water chlorination in densely populated areas. In conjunction with the World Health Organization (WHO), improved case management has been stressed.

10. In 1995, UNICEF provided basic educational material to more than 233 primary and 385 Koranic schools, and trained 775 primary and 285 Koranic teachers. Some 1,200 education kits were issued, and in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), 105,000 textbooks for grades I-IV were printed and distributed. However, an evaluation of the programme in December 1995 revealed that only a small proportion of school-aged children had access to primary education, that the quality of teaching was poor and that the curriculum was inadequate.

11. Joint planning and coordination activities with other United Nations agencies, non-governmental organization (NGO) partners and donors were a hallmark of the UNICEF programme. UNICEF shared the results of its evaluations of health, nutrition and education programmes; inter-agency sectoral committees were established to address problems and identify weaknesses; and inter-agency training review groups were formed. The United Nations Coordination Team (UNCT) meets to discuss common activities, operations and security measures. In 1996, United Nations agencies initiated a joint planning process. UNICEF played a key role in this process, which may form the basis of a new inter-agency appeal.

Lessons learned

12. Given the chronic and sporadic nature of the civil conflict in Somalia, UNICEF has learned to design activities that can be implemented in a short-duration, "modular" manner, i.e., if interrupted, they can be completed later. Another lesson in modular programming relates to uncertain donor commitments. UNICEF has designed core programme activities in health, nutrition, WES and education and a core administrative structure and staffing. As new project funds become available, the additional modules of staffing and project activities can be made operational.

13. From the annual outbreaks of cholera, UNICEF has learned the importance of strengthening the community mobilization and education aspect of WES programming to change people's understanding of hygiene and related behaviours. UNICEF and WHO foresee the need to implement an intersectoral cholera prevention programme six months in advance of the cholera season.

14. A May 1995 evaluation of primary health care (PHC) services revealed that utilization of PHC health facilities was generally low because of the poor quality of health staff, and women did not understand or value the services provided. Thus, health worker training must be improved and women's knowledge of the benefits of attending MCH centres increased. More emphasis must be placed on building communities' commitment to manage and co-finance their own PHC services and on public health education and advocacy at local levels.

15. The education curriculum and system need to be analysed to determine how best to support them. Strengthening human resources and rebuilding the education system, rather than physical structures, should be priorities. It is

important for UNICEF to understand what constitutes effective education in this unique situation, with its strong system of Koranic schools. Emerging experience with assisting decentralized systems can guide future assistance for strengthening the capacities of nascent regional, district and local systems.

16. UNICEF field staff need sensitization and training in gender issues to enable them to take appropriate actions more effectively within the scope of UNICEF projects. Local field research is needed on key issues such as female genital mutilation, maternal mortality and the gender division of labour. Assessment and analysis are needed to define appropriate actions to help women heads of households. The potentials of fledgling women's groups need to be explored.

RECOMMENDED PROGRAMME COOPERATION, 1997-1998

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	Total
General resources			
Health	500	500	1 000
Nutrition	150	150	300
Water and environmental sanitation	350	350	700
Education	220	220	440
Planning and coordination	621	621	1 242
Relief	-	-	-
Programme support	659	659	1 318
Subtotal	2 500	2 500	5 000
Supplementary funding			
Health	5 633	5 633	11 266
Nutrition	1 600	1 600	3 200
Water and environmental sanitation	3 100	3 100	6 200
Education	1 537	1 537	3 074
Planning and coordination	1 300	1 300	2 600
Relief	745	745	1 490
Programme support	3 585	3 385	7 170
Subtotal	17 500	17 500	35 000
Total	20 000	20 000	40 000

Objectives and strategies

17. The programming challenge will be to improve the quality and coverage of essential, life-saving services and increase educational opportunities. Greater emphasis and more resources will be invested in building the capacity of health workers, teachers, water technicians, etc., to manage basic services for their

own communities. The UNICEF strategy of the modular approach to programming will continue to be supported by a decentralized administrative structure to ensure country-wide coverage. Each of the four offices in Somalia will manage four main sectoral programmes (health, nutrition, WES and education). A planning and coordination programme will facilitate key cross-cutting issues to be addressed in the sector programmes of monitoring, programme communication, women and children in especially difficult circumstances. Flexibility for operating in the event of extreme emergencies (population displacement, drought, floods, epidemics) is afforded by the relief programme. Finally, the elements of programme support are included as a separate programme.

Health

18. This programme will aim to establish sustainable essential services, promote positive behaviour change, and monitor children's and women's health. It will strengthen the capacity of health workers and communities to manage and co-finance their basic health units. Positive behaviour change, with an increased emphasis on the prevention of AIDS and other sexually transmitted diseases, women's health issues and child care practices will be promoted through women's and youth groups and schools. The establishment of community-based information systems will also be supported.

Nutrition

19. This programme will gradually move away from supplementary feeding towards more community-based activities to improve child care and feeding practices. In areas chronically afflicted with drought, flood or civil conflict, measures will continue to be taken when necessary to improve household food security. The control of anaemia and of vitamin A and iron deficiencies in women and children will continue to be addressed and supported. The current assessment of salt sources and iodization will be completed and appropriate actions taken towards achieving the goal of universal salt iodization.

Water and environmental sanitation

20. UNICEF will continue to invest in community-based water systems, making water the entry point for dialogue with the community in establishing agreements and responsibilities for intersectoral programme implementation. More attention will be paid to community management of water systems and to promoting behaviour in relation to water that is conducive to good health. There will also be increased multisectoral activities in cholera prevention.

Education

21. In cooperation with UNESCO, this programme will focus on the interaction between the teacher and community to improve the quality of existing schools. UNICEF will focus on several interrelated areas of action, to identify and assist emerging decentralized education systems so as to expand schooling provision. Teacher training will support capacity-building and strengthening human resources in a sustainable manner, and the curriculum will be revised. Essential learning materials will continue to be distributed. A common system for routine educational monitoring will be developed and implemented.

Planning and coordination

22. This programme will consist of four cross-cutting projects - monitoring, women and gender, programme communication and children in especially difficult circumstances - which are designed to improve the four sectoral programmes by providing professional advice and guidance. Monitoring instruments and software will be developed to improve project monitoring, and the UNICEF multi-indicator survey (MIS) will be organized in as many zones as possible each year. Radio programmes will be designed which broadcast appropriate messages, in an integrated manner, related to all the sectoral programme objectives. The organization of public events will also be supported. The problems of street children, institutionalized children and disabled children will be addressed. The strategy will be to ensure that such children have access to the mainstream social services provided under the four sectoral programmes.

Relief

23. This is an essential contingency component of the UNICEF modular approach. In the event of a serious "loud" emergency, UNICEF will prepare proposal(s) for emergency assistance, and additional funds typically become rapidly available specifically for that purpose. For administrative purposes, the funds and their monitoring will be kept separate from the sectoral programme interventions.

Resource mobilization

24. Building upon its close bilateral relations with donors, the UNICEF Somalia office has learned that well-developed proposals, submitted in a timely manner, and regular, informative reports to donors are the key components to a fund-raising strategy. The office will strengthen its ability to manage a decentralized, flexible programme through a "modular" approach to programming and fund-raising. During 1995, donors increasingly preferred to fund projects that were region-specific, and often sector-specific. The country-wide network of UNICEF offices and implementing partners allows for flexibility in meeting basic needs while responding to donor preferences.

Monitoring and evaluation

25. Project management is to be improved by the use of monitoring tools currently being developed in the Somalia office. The highly decentralized nature of operations and the lack of governmental counterparts necessitate that UNICEF Somalia maintain an audit trail, for proper accountability, of all UNICEF cash and supply assistance. The expanded database system is expected to make the current monitoring system an efficient and effective management tool. Monitoring the situation of children is being approached with other United Nations agencies as part of general social sector monitoring, in the spirit of the recent Joint Consultative Group on Policy on country assessments. To this end, UNICEF has initiated the use of the MIS. In addition, communities will be encouraged and supported in monitoring their own status with respect to key child-related indicators. Within the programme period, each of the sectoral programmes will be evaluated.

Coordination with other partners

26. UNICEF Somalia is committed to strengthening the mechanisms for coordination with partner agencies, NGOs and donors. UNICEF is an active member of the Somalia Aid Coordination Body, within which a number of sectoral committees work to standardize project performance, guidelines on programme design and implementation, and coordination in project planning. UNICEF participates actively in all committees related to the sectors it supports. UNICEF also participates in UNCT meetings to coordinate the activities of the United Nations agencies. In the absence of a national Government, UNICEF will work in collaboration with other agencies under the leadership of the United Nations resident coordinator to ensure Somalia's participation in the United Nations Special System-wide Initiative for Africa.

Programme management

27. The four UNICEF zonal offices in Somalia are supported by an administrative and logistics office in Nairobi and a small logistics base in Djibouti. With the technical advice, support and supervision of international programme officers for each sector, Somali professionals in the zonal offices manage the zonal projects. The UNICEF air operation provides an indispensable link between the zonal offices and the administrative support centre in Nairobi, both for UNICEF and for other agency staff. The UNICEF offices in the four zones have staff and guest quarters, which are also used and funded by other United Nations agency and NGO staff on an "as-needed" basis. Under the umbrella of UNCT, focal points have been appointed in each zone to ensure greater coordination and to gather and disseminate relevant information. UNICEF has been, and will continue to be in the foreseeable future, the lead agency in communications technology at the zonal level (UNICEF is the only agency with 24-hour radio operations).

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : SOMALIA
PROGRAMME : 1997-1998

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	1,000			1,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
WATER AND ENVIRONMENTAL SANITATION	700			700	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
NUTRITION	300			300	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
EDUCATION	440			440	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	1,318			1,318	0	0	0	2	0	0	2	2	21	.25	560.4	583.5	1,143.9
RELIEF	0			0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING AND COORDINATION	1,242			1,242	0	0	0	1	0	0	1	1	3	5	282.2	147.4	429.6
TOTAL GR	5,000			5,000	0	0	0	3	0	0	3	3	24	30	842.6	730.9	1,573.5
SUPPLEMENTARY FUNDING :																	
HEALTH		0	11,266	11,266	0	0	0	2	4	0	6	6	8	20	1,581 0	570.8	2,151.8
WATER AND ENVIRONMENTAL SANITATION		0	6,200	6,200	0	0	0	1	1	0	2	5	4	11	535.3	385.7	921.0
NUTRITION		0	3,200	3,200	0	0	0	0	0	0	0	2	0	2	0.0	109.9	109.9
EDUCATION		0	3,074	3,074	0	0	0	1	0	0	1	5	2	8	280.2	340.0	620.2
PROGRAMME SUPPORT		0	7,170	7,170	0	0	0	2	6	1	9	4	42	55	2,555.0	1,359.2	3,914.2
RELIEF		0	1,490	1,490	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING AND COORDINATION		0	2,600	2,600	0	0	0	0	1	1	2	2	2	6	465.8	201.0	666.8
TOTAL SF		0	35,000	35,000	0	0	0	6	12	2	20	24	58	102	5,417.3	2,966.6	8,383.9
TOTAL GR & SF	5,000	0	35,000	40,000	0	0	0	9	12	2	23	27	82	132	6,259.9	3,697.5	9,957.4
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			821.2													
	Staffing				0	0	1	3	0	0	4	2	8	14	1,182.2	418.9	1,601.1
GRAND TOTAL (GR+SF+ADM)					0	0	1	12	12	2	27	29	90	146	7,442.1	4,116.4	11,558.5
Number of posts and staff costs:																	
Current programme cycle											31	18	49	98			
At the end of proposed programme cycle (indicative only)											27	29	90	146	7,442.1	4,116.4	11,558.5

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.